

FLORIDA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 89e
12129

1. PLACE OF DEATH
County Hillsboro

District No. 19-01

State File No. 719

Precinct _____
or (When no. not number)
Inc. Town Tampa Fla
or
City _____

Precinct No. _____
City or Town No. 19-510
Registered No. _____

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Elliot Allardice Bigelow³
(a) Residence: No. Tampa Springs Rd St., _____ Ward Tampa Springs Tlk
39-523 (Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX Male
4. COLOR OR RACE White
5. Single, married, widowed or divorced (write the word) single
6a. If married, widowed or divorced HUSBAND or (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Oct. 13-1897

7. AGE Years 35 Months 9 Days 28
If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prof. Ball Player
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Southern Assn
10. Date deceased last worked at this occupation (month and year) Sept. 1-1932
11. Total time (years) spent in this occupation 13 yr

12. BIRTHPLACE (city or town) (State or country) Tampa Fla

MOTHER FATHER
13. NAME Margaret Allardice

14. BIRTHPLACE (city or town) (State or country) Tampa Fla

15. MAIDEN NAME William H Bigelow

16. BIRTHPLACE (city or town) (State or country) Tampa Fla

17. INFORMANT Mrs John Smith
(Address) Tampa Springs Rd

18. BURIAL, CREMATION, OR REBOYAL Place Tampa Springs Rd Date Aug-13-1933

19. UNDERTAKER Tampa Springs Rd
(Address) _____

20. FILED Aug 12, 1933 Local Registrar. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1933 to Aug 10, 1933
I last saw him alive on Aug 10, 1933 death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:
Meningitis Date of onset Aug 7
Obstetric Medicine

Contributory causes of importance not related to principal cause: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) G.W. Brown M.D.
706 Monday St
89A (Address) _____